FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

1. Name and Mailing Address of Respondent HARDY TELECOMMUNICATIONS, INC. 2255 KIMSEYS RUN ROAD I OST RIVER WAY 26810	f Responden MUNIC N ROAL N ROAL	ATIONS,	NC.										Check huis a char address.	Check here if this is a change of address.	
2. Year Report Filed 2017		3. Reporting Period (Feb)	Reporting Period (Ending Date Period Covered by Report) February 11, 2017	Reporting Period (Ending Date of Pay Period Covered by Report) February 11, 2017	ay		4. Number of Reporting a. Fe b. 16	4. Number of Full-Time Employees during S Reporting Period (check one): a. Fewer than 16 (complete Sections) b. 16 or more (complete all sections)	nployees dur k one): complete Sec	during Selected Sections I, IV, and V only) sections)	d V only)				
SECTION II - Full-Time Employees.	ees.	100													
						E	Num (Report empl	Number of Employees (Report employees in only one category)	yees one category						
Job							50000	Race/Ethnicity					10 to		
Categories	I	Hispanic or						Not-Hispanic or Latino	ic or Latino						Total
		ramio			Male	ale					Female	nale	ă.		Columns A - N
	Male	Female	White	Black or African	Native Hawaiian or	Asian	American Indian or	Two or more races	White	Black or African	Native Hawaiian or	Asian	American Indian or	Two or more races	
				American	Other Pacific Islander		Alaska Native			American	Other Pacific Islander		Alaska Native		uy
Evenitive/Cenion Level	Þ	æ	C	0	т	П	G	I	-	د	7	-	Z	z	0
Officials and Managers	=======================================		-												-
First/Mid-Level Officials and 1 Managers	1.2		s						2						5
Professionals	2		5												5
Technicians	a		5						1						6
Sales Workers	4														0
Administrative Support Workers	5		1						9						10
Craft Workers	6		4			AMASS									4
Operatives	7		2												2
Laborers and Helpers	8														0
Service Workers	9														0
TOTAL	10 0	0	21	0	0	0	0	0	12	0	0	0	0	0	33
PREVIOUS YEAR TOTAL			21						12						33

Title of Person Signing CEO and GENERAL MANAGER	Date Type 05/10/2017 D	SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or loca company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation.	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL 11	TOTAL 10	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support 5 Workers	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2 Managers	Executive/Senior Level Officials and Managers				Categories	Job		SECTION III - Part-Time Employees.
MAN/	ed or Printed AVID S	rledge, inform	commission the cody having commission the commission the granties invo	nation Comp		0											Þ	Male		Hisp			es.
	Typed or Printed Name of Person Signing DAVID S. SHERMAN	ation, and bel	nat no complai ompetent juris nat the followin lved, date filed	laints Pursua		0			000 HHT00 H430								В	Female	Laurio	Hispanic or			
	on Signing MAN	ief, all stateme	ints regarding sdiction in suc garding complaints a courts or ag	ant to 47 CFR	2	2	1				-						C	White					
OF ANY STA		ents in this rep	violations of t h matters duri alleging violat encies before	22.321, 23.5		0											D	Black or African American					
IAGER WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	1	ort are true ar	he equal empl ng the calend: lions of the pro which the ma	5, 90.168, 101		0											m	Native Hawaiian or Other Pacific Islander	Male				
	Signature	nd correct.	loyment provi ar year cover ovisions of an tter has been	.4, and 101.		0											П	Asian	ale				
	<u>«</u>		sions of Fede ed by this rep y equal emplo heard, file nu	311.		0											G	American Indian or Alaska Native				Number of Employees (Report employees in only one category)	
FORM ARE F PERMIT (47 U			ral, state, terri ort. syment opport			0											I	Two or more races		Not-Hispanic or Latino	Race/Ethnicity	Number of Employees employees in only one c	
UNISHABLE	hen				2	1	1								-		-	White		ic or Latino		yees one category)	
JNISHABLE BY FINE AND/OR IMPRISONN S.C. 312 (A)(1) AND/OR FORFEITURE (47			I statutes have have been file and current s			0											٦	Black or African American					đ
D/OR IMPRIS			This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.			0											7	Native Hawaiian or Other Pacific Islander	Female				
SONMENT (18 U.S.C. 1001) AND/OR RE E (47 U.S.C. 503).	Telephone No. (304) 897-9911					0											Г	Asian	nale				
						0											×	American Indian or Alaska Native					
						0											z	Two or more races					
VOCATION					4	w	2	0	0	0	-	0	0	0	0	0	0		Columns A - N	Total			